117000198426

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO		ration Section on of Corporati	ions		
er:		GCC LLC			
SU	BJECT:	· · · · · · · · · · · · · · · · · · ·	Name of Limit	ed Liability Company	
Th	Division of Corporations TUBJECT: Name of Limited Liability Company				
Ple	ase return all	correspondenc	e concerning this matter to	o the following:	
		Fr	ank Genovese		
		_	-	Name of Person	
		E3	Coaching & Consulting	LLC	
		_		Firm/Company	
		90	1 Miramar Drive		
		_		Address	
		De	el Ray Beach, FL 33483		
		_		City/State and Zip Code	
		frai			
			E-mail address: (to	o be used for future annual repo	rt notification)
Fo	r further info	rmation concerr	ing this matter, please ca	11:	
Fr	ank Genovese	: 			
		Name of Perso	n	Area Code I	Daytime Telephone Number
En	closed is a ch	eck for the follo	owing amount:		
	\$25.00 Filir	ng Fec 🔲		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FGCC LLC	-	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on September 25, 2017 and as	signed
Florida document number L17000198426		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
3 Coaching & Consulting LLC		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable	le: not applicable	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	not applicable	
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u></u>	
		
3. If amending the registered agent and/or	registered office address on our records, enter the name	of the
egistered agent and/or the new registered offic		<u> </u>
		JON
Name of New Registered Agent:	not applicable	
New Registered Office Address:		
iten Neglaterea Chiles Audites.		
	Enter Florida street address	3
	Enter Florida street address Florida	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Man AMBR = Auth	ager orized Member		
<u>Title</u>	Name	Address	Type of Action
			D Add
			D Remove
			Change
			🖸 Add
			□ Remove
			Change
			Add
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			_ Change P
			_□ Add FLORI
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			_D Remove

__ Change

not applicable		
		
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Effective date, if other than the date of filing:	o 605.0207 (3) e listed as the	Ъ
accument's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the each The 90th day after the record is filed.	earlier of:	
Dated June 5		
18 Hall		
Signature of a member or authorized representative of a member		
Frank Genovese, Manager		

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Filing Fee: \$25.00